

SNOHOMISH COUNTY SHERIFF'S OFFICE PUBLIC DISCLOSURE UNIT

3000 Rockefeller Ave., M/S 606 Everett, WA 98201 (425)388-3769 Fax (425)388-3939 Unit.SCSOPublicDisclosure@snoco.org

Date/Time Star	mp
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PUBLIC RECORDS REQUEST

Date: Name:			
Contact Phone #:	e #: Email Address:		
Mailing Address:	City:	State Zip:	
If you are an attorney or insurance company, plo	ease provide your client's name: _		
	PUBLIC DISCLOSURE UNIT RESP		
Within 5 business days after the receipt of a p	• •	one or more of the following:	
 Make the requested records available Acknowledge the receipt of request ar 	•	ujested records will be available	
3. Acknowledge the receipt of request ar			
estimate of when requested records w	·		
4. Deny the request and cite the legal exe	emption(s).		
5. Advise if the agency has no responsive	records.		
<u>I AM R</u> i	EQUESTING THE FOLLOWING:		
☐ Report(s) ☐ Digital media, such as photos (if availa		a, such as photos (if available)	
		ion of media items requested:	
Date/time of incident:			
Type of incident:	Other Docum	☐ Other Documents	
Location of incident:	Type(s) of docu	Type(s) of document(s):	
Name(s) of involved parties with date(s) of bird	h, if known:		
	Other (please	describe)	
Responding officer(s):			
How would you like to receive your records? Please select a preferred formation of the select and the select a		format:	
Please select only one:	☐ Email – Standard, unless otherwise noted		
$\hfill\Box$ E-Mail — Standard, unless otherwise noted	☐ Paper copy*		
☐ Mail (fees may apply)	☐ Electronic media* (CD, DVD, USB)		
☐ Pick-Up (fees may apply)	☐ Viewing only (Appointment required)		
*Fees are charged per RCW 36.18.040. The fee for there will be no charge. The fee for a CD is \$1.50. charged for records that are mailed. Other fees, su	The fee for a DVD is \$1.60. The fee for	a USB is \$7.00. Postage will be	
PDR#			